

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000004

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PAUL QUALLS HOME REPAIR LLC

**Current Principal Place of Business:**

6302 MATADOR ST  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

6302 MATADOR ST  
MILTON, FL 32583

**New Mailing Address:**

**FEI Number:** 33-1059529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

QUALLS, PAUL S  
6302 MATADOR ST  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** QUALLS, PAUL S  
**Address:** 6309 MATADOR ST  
**City-St-Zip:** MILTON, FL 32583

**Title:** MGRM  
**Name:** MORRIS, MARIE R  
**Address:** 6309 MATADOR STREET  
**City-St-Zip:** MILTON, FL 32583

**Title:** MGRM  
**Name:** DIX, MARK D  
**Address:** 6302 MATADOR ST  
**City-St-Zip:** MILTON, FL 32583

**Title:** MGRM  
**Name:** QUALLS, NATHAN A  
**Address:** 6302 MATADOR STREET  
**City-St-Zip:** MILTON, FL 32583

**Title:** MGRM  
**Name:** QUALLS, ZACKERY R  
**Address:** 6302 MATADOR STREET  
**City-St-Zip:** MILTON, FL 32583

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** PAUL QUALLS

MGRM

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date